

# INSTALLATION VERIFICATION AND COMPATIBILITY FORM



KENTUCKY  
DEPARTMENT  
FOR  
ENVIRONMENTAL  
PROTECTION

Mail completed form to:  
DIVISION OF WASTE MANAGEMENT  
UNDERGROUND STORAGE TANK BRANCH  
200 FAIR OAKS LANE, SECOND FLOOR  
FRANKFORT, KENTUCKY 40601  
(502) 564-5981  
<http://waste.ky.gov/ust>

FOR STATE USE ONLY

An Installation Verification and Compatibility form shall be submitted to UST Branch not more than 30 days after bringing a new UST system, a new tank or an entire piping run into operation. **In every case, submit photographs, "as-builts" of the location of the tank system in relation to other site features, and invoices of the installation.** Detailed photographs of equipment installed, including tank tops (if new installation), piping, sumps, under-dispenser containment, shall be submitted. Photographs may be submitted in an electronic format.

## UST FACILITY INFORMATION

## SFMO Certified Installer

Agency Interest Number:

SFMO Certified Installer:

UST Facility Name:

Company Name:

Physical Address:

Mailing Address:

City:

City:

County:

Zip Code:

County:

Zip Code:

UST Owner:

Phone Number:

Owner Phone Number:

E-Mail Address:

## TANK AND PIPING INFORMATION

This section shall be completed for all new UST systems, tanks, and entire piping run installations.

☐ New UST System Installed (tank and piping)

☐ New Tank

☐ New Piping

## DATE NEW INSTALLATION WAS COMPLETED:

### TANK ID NUMBER

(e.g., 1, 2, etc.) Photocopy pgs 1 and 2 if more than 3 new tanks and/or piping are installed at the UST facility.

### CURRENT / LAST SUBSTANCE STORED:

UNL – Reg. Unlead Gas\* PRM – Premium Gas\* PLS – Plus Unlead Gas\*  
UOL – Used Oil NOL – New Oil DSL – Diesel\*\*  
KER – Kerosene JET – Jet fuel HAZ SUB – CAS #  
OTH - Other (specify)

If the tank is a compartmentalized tank, list each compartment separately if the UST system will be storing different regulated substances or if the piping, spill containment, or overfill prevention devices are not the same make or model.

Tank #:	Compartment #:	Tank #:	Compartment #:	Tank #:	Compartment #:
Substance		Substance		Substance	
Ethanol %		Ethanol %		Ethanol %	
Biodiesel %		Biodiesel %		Biodiesel %	

**TANK INFORMATION**

This section shall be completed for all new tank and new UST system installations.

<b>TANK ID NUMBER</b>	<b>Tank #:</b>	<b>Tank #:</b>	<b>Tank #:</b>
<b>TANK MATERIAL OF CONSTRUCTION</b> (Mark all that apply) 1. Double-walled Fiberglass 2. Double-walled Steel in Fiberglass Shell 3. Double-walled Steel with Urethane Coating 4. Other (specify) _____	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>
<b>TANK CORROSION PROTECTION</b> (Mark all that apply) 1. N/A – Corrosion Protection not required 2. Galvanic Cathodic Protection 3. Impressed Current Cathodic Protection 4. Other (specify) _____	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>
<b>TANK RELEASE DETECTION</b> (Mark all that apply) 1. Electronic Interstitial Monitoring a. Automatic Tank Gauging (ATG) 1. Make _____ 2. Model _____ b. Other (specify): _____	a. <input type="checkbox"/>  b. <input type="checkbox"/>	a. <input type="checkbox"/>  b. <input type="checkbox"/>	a. <input type="checkbox"/>  b. <input type="checkbox"/>
<b>SPILL AND OVERFILL PREVENTION</b> (Mark all that apply) 1. Double-walled Spill Catchment Basin 2. Automatic Shut-off Device (@ 95% capacity) 3. Flow Restrictor, (Ball-float) (@ 90% capacity) 4. High Level Alarm (@ 90% capacity) 5. EXEMPT - Deliveries to tank are < 26 gal 6. Other (specify) _____	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/>

**PIPING INFORMATION**

This section shall be completed for new UST system installations and for entire piping run installations.

<b>PIPING MATERIAL OF CONSTRUCTION</b> (Mark all that apply) 1. Double-walled Fiberglass 2. Double-walled Flexible Piping 3. Other (specify) _____	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
<b>PIPING CORROSION PROTECTION</b> (Mark all that apply) 1. N/A – Corrosion Protection not required 2. Galvanic Cathodic Protection 3. Impressed Current Cathodic Protection 4. Other (specify) _____	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>
<b>PIPING RELEASE DETECTION</b> (Mark all that apply) 1. CHECK IF THE SAME AS TANK RELEASE DETECTION 2. Electronic Interstitial Monitoring a. Automatic Tank Gauging (ATG) 1. Make _____ 2. Model _____ b. Other (specify): _____	1. <input type="checkbox"/>  a. <input type="checkbox"/>  b. <input type="checkbox"/>	1. <input type="checkbox"/>  a. <input type="checkbox"/>  b. <input type="checkbox"/>	1. <input type="checkbox"/>  a. <input type="checkbox"/>  b. <input type="checkbox"/>

**EQUIPMENT COMPATIBILITY VERIFICATION**

Compatibility shall be verified for the regulated substance stored either through UL listing or by manufacturer approval.

If the manufacturer and model of the equipment listed below are the same for each UST system, list the tank numbers below and fill out this page one time. Otherwise, this page shall be completed for each tank. Make copies of this page as needed.

**TANK ID NUMBER(S)** \_\_\_\_\_

Component	Manufacturer	Model	UL		Manufacturer Approved
			Listed	Number	
Tank			<input type="checkbox"/>		<input type="checkbox"/>
Piping			<input type="checkbox"/>		<input type="checkbox"/>
Spill Containment			<input type="checkbox"/>		<input type="checkbox"/>
Overfill Prevention			<input type="checkbox"/>		<input type="checkbox"/>
Submersible Pump			<input type="checkbox"/>		<input type="checkbox"/>
ATG Probes			<input type="checkbox"/>		<input type="checkbox"/>
Interstitial & Sump Sensors			<input type="checkbox"/>		<input type="checkbox"/>
Vapor Recovery			<input type="checkbox"/>		<input type="checkbox"/>
Gaskets/Seals			<input type="checkbox"/>		<input type="checkbox"/>
Flex Connectors			<input type="checkbox"/>		<input type="checkbox"/>
Line Leak Detector			<input type="checkbox"/>		<input type="checkbox"/>
Angle Check Valve(Suction)			<input type="checkbox"/>		<input type="checkbox"/>
Emergency Shutoff Valve			<input type="checkbox"/>		<input type="checkbox"/>
Under-Dispenser Containment			<input type="checkbox"/>		<input type="checkbox"/>
Other (specify)			<input type="checkbox"/>		<input type="checkbox"/>

**INSTALLATION CONTRACTOR CERTIFICATION**

I certify that the UST system(s) was installed in accordance with the manufacturer's instructions. I further certify that the information provided in this document is true, accurate, and complete.

\_\_\_\_\_  
**Signature of SFMO Certified Installer**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

\_\_\_\_\_  
Certification Number

\_\_\_\_\_  
Printed Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Certification Expires

**OWNER CERTIFICATION**

I certify that the above and the enclosed information is true and correct.

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

If you have questions on how to fill out this form or to request a review of UST facility records, please contact the UST Branch at (502) 564-5981 or visit our website at <http://waste.ky.gov/ust>.

**OWNER SHALL RETAIN A COPY OF THIS FORM FOR THE REMAINING OPERATING LIFE OF THE UST SYSTEM**